									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/783,018						
CLAIMS AS ELLED DADT I									110/103/018					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			•					RATE FEE			RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEI	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			8 minus 20=		· Ø			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		<u> </u>			X43=		OR	X86=	86		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT	•				+145=		OR	+290=			
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				_	TOTAL		OR	TOTAL	856		
CLAIMS AS AMENDED - PART II										4	OTHER	THAN		
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	- 13	Minus	 2	-0	=		X\$ 9=		OR	X\$18=			
	Independent	+ 4	Minus	***	(-	Γ	X43=		OR	X86=	•		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=			
1/8/9/10							<u>L</u>	TOTAL DIT. FEE			TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)									,	ADDII. FEE I			
~		CLAIMS		HIGHE	ST	T			ADDI-)		ADDI-		
4T B		REMAINING AFTER		NUMB PREVIO	USLY	PRESENT EXTRA] F	RATE	TIONAL		RATE	TIONAL		
MEN		AMENDMENT		PAID F	OR		-		FEE			FEE		
5	Total	*	Minus	**		=	1	K\$ 9=		OR	X\$18=			
	Independent	*	Minus	ENDENT	CI AIM	X43=		X43=	•	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	145=		OR	+290=			
							AD!	TOTAL DIT. FEE	•	OR ,	TOTAL ODIT, FEE			
•		(Column 1)		(Colum	n:2)	(Column 3)	~L/L	, , , , , , , , , , , , , , , , , , ,		•	woii. FEEL	·		
	\	CLAIMS	·	HIGHE	ST	,00,0,,,,,,	Ė	· ·	ADDI	r	<u> </u>	ADDI-		
MEN		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		= .	X	\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		=	X	(43=		.	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR				
											+290=	·		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE ADDIT. FEE														
 	r the "Highest Nur The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is Independen	less than it) is the	n 3, enter "3." highest number (ropriate box					
								•		•				